

Exhibit 16

WILMERHALE

May 8, 2018

Amy A. Null

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Sharon Petshaft
Employee Plans Revenue Agent
Department of the Treasury
TE/GE Employee Plans
150 Court Street; 5th Floor – EP 7612
New Haven, CT 06510

Re: Plan Name: RJM Capital, LLC Pension Plan
Plan Number: 001
Plan years ended: December 31, 2016

Dear Ms. Petshaft:

On behalf of RJM Capital, LLC Pension Plan, I enclose the following in response to your request of March 21, 2018, a copy of which is attached. We appreciate the additional time you have allowed us to submit our response. Please find:

1. A completed Form 2848 authorizing me and others at WilmerHale to represent the taxpayer in this matter.
2. The taxpayer's response to the data request, which references electronic media.
3. A drive containing the documents responsive to the request, as referred to in the attached response. The drive is password protected, with the password I provided you over the phone this morning. Please give me a call if there are any issues with accessing the contents.

As we discussed, we are holding Thursday, May 31 should an in-person conference be required, and I am happy to travel to your office in New Haven. Please let me know if there is other information you would like us to provide you in advance.

Kindly acknowledge receipt of this response by date stamping the enclosed copy of this letter and returning it to me in the envelope provided.

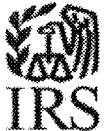
Very truly yours,



Amy A. Null

Enc.

cc: Richard J. Markowitz



**Department of the Treasury
TE/GE Employee Plans**
150 Court Street; 5th Floor – EP 7612
New Haven, CT 06510

Date: March 21, 2018

Richard J. Markowitz
RJM Capital, LLC
1010 Fifth Avenue; 1D
New York, NY 10028

Internal Revenue Service

Plan name: RJM Capital, LLC
Pension Plan
Plan number: 001
Form number: 5500-EZ
Plan years ended: December 31, 2016
Place Date and Time of Appointment
Place: Taxpayer's place of business
Date: April 17, 2018
Time: 9:00 a.m.
Person to contact:
Sharon Petshaft
ID number: Badge #06-03467
Telephone: (203) 492-8622

Dear Mr. Markowitz:

We have selected your retirement plan for an examination for the plan years listed above, and arranged the date and time of the appointment, also listed above. We are not implying that you incorrectly prepared the information on your Form 5500, Annual Return/Report of Employee Benefit Plan. We randomly select most returns from all Form 5500 returns filed for qualified plans, or as part of a special project. We want to ensure compliance with the laws and regulations governing retirement plans.

You must provide a written power of attorney if you want someone other than employees or officers of the company to receive or discuss confidential information during the examination. You can use Form 2848, Power of Attorney and Declaration of Representative. Your representative will not be permitted to receive or discuss confidential information if you do not provide this written authorization.

Publication 4324, Employee Plan Examination Process, provides a simplified illustration of the examination process. Additionally, the enclosed Publication 1, Your Rights as a Taxpayer, provides more detailed information on the examination process and your rights.

You can get any of the forms or publications mentioned in this letter by calling 1-800-TAX-FORM (1-800-829-3676) or visiting our website at www.irs.gov/formspubs.

To shorten the examination process, please have the items listed on the attachment available at the scheduled appointment. As provided in Treasury Regulations Section 301.7605-1(d), the examination should generally be conducted at your place of business.

Please contact me to verify you can attend the scheduled appointment. If I do not hear from you within 14 days from the date of this letter, I will call you to confirm or reschedule the date of the examination. If you have questions, you can call me at the telephone number above. Thank you for your cooperation.

Sincerely,

Employee Plans Revenue Agent

Enclosures: Publication 1
Information Needed

INTERNAL REVENUE SERVICE**DEPARTMENT OF THE TREASURY****401(k)**

Each of the listed items has a purpose in the audit process and is an important part of the examination. If any requested information or document presents a problem for you, please contact me to discuss it.

Except for the information in Item A below, the listed information should be made available for the examination.

WHEREVER POSSIBLE, PLEASE PROVIDE DATA IN ELECTRONIC FORM.

A. To document plan provisions and ensure that the plan is qualified in form and to verify filings.

1. The plan and trust documents in effect for the year under examination, and all amendments made since the most recent favorable determination letter was issued.

NOTE: PLEASE PROVIDE DOCUMENTS IN ELECTRONIC FORM. IF NOT AVAILABLE, MAIL YOUR COPY AND IT WILL BE RETURNED ON DATE OF EXAMINATION. If you prefer, retain your copy for review on date of examination. It is not necessary to make an extra copy of this document.

2. The most recent IRS determination letter that applies to the year(s) under examination, the related Forms 5300 and 5309 and any special demonstrations submitted with your determination letter applications. If the plan has no IRS determination letter, provide the plan document for the year under exam and all prior and subsequent documents and amendments to ensure the plan is qualified in form. [SEE NOTE ABOVE]
3. If you are using a prototype plan, a copy of the IRS opinion letter issued to the sponsor of the prototype plan, the plan document and adoption agreement. [SEE NOTE ABOVE]
4. Form 5500, Annual Return/Report of Employee Benefit Plan, for each year under examination, the preceding year and succeeding year. Please be sure to include all schedules filed, including Schedule E, ESOP Annual Information. [SEE NOTE ABOVE]
5. Forms 5500, Annual Return/Report of Employee Benefit Plan, for other qualified retirement plans the employer sponsored during year under examination. [SEE NOTE ABOVE]
6. The summary plan description (SPD), summaries of all material modifications (SMM), and summary annual reports (SAR). [SEE NOTE ABOVE]

Please mail the above information at least 10 days prior to the examination.

Providing this information ahead of the scheduled audit will allow time to review it and help make the actual examination as brief as possible. Please mail (or E-mail: Sharon.L.Petshaft@irs.gov) these documents to:

Sharon Petshaft
Internal Revenue Service
Tax Exempt & Government Entities Division
EP Group 7612 – 5th Floor
150 Court Street
New Haven, CT 06510

INTERNAL REVENUE SERVICE**DEPARTMENT OF THE TREASURY**

Please have the following items available during the examination:

WHEREVER POSSIBLE, PLEASE PROVIDE DATA IN ELECTRONIC FORM.

B. To determine if the plan satisfies the Eligibility and Coverage requirements of Internal Revenue Code (IRC) § 410, please provide the following:

1. The employer's payroll records that were used to decide employees' eligibility to take part in the plan for the year(s) under examination, such as time cards, personnel records, and employment contracts. Also include a copy of the Forms 940, Employer's Annual Federal Unemployment Tax Return; 941, Employer's Quarterly Federal Tax Return; W-2s, Wage and Tax Statement and related W-3.

The following must show: dates of hire, dates of participation, hours worked during eligibility computation period.

2. Participant allocation schedules, employee census reports and participant account statements.
3. A list of all plan participants for the end of the plan year(s) under examination, as well as a list of all employees employed during the year who are not participating in plan and reason why they are not.
4. A demonstration showing how the plan satisfied minimum coverage requirements of IRC § 410(b).

C. To determine if the plan satisfies the Vesting and Distribution requirements of IRC §§ 401(a)(9), 401(a)(11), 401(a)(31), 411 and 417:

1. Please provide a list of the plan participants who were active participants (received an allocation) in the prior year but were not active in the year under examination.
2. For benefits that were paid to plan participants:
 - a) Please provide a list of these participants,
 - a) their dates of hire, dates of birth and dates of termination,
 - b) proof of payment and/or proof of rollover,
 - c) spousal consent forms to waive the Qualified Joint & Survivor form of benefit if required,
 - d) any Qualified Domestic Relations Order (QDRO) requests received or QDRO distributions made for the plan year under examination.
3. The trust's or employer's Form 1099R's, "Distributions from Pensions, Annuities, Retirement or Profit-Sharing Plans, IRA's, Insurance Contracts, etc."

D. To demonstrate how the plan satisfies the deductible limits of IRC § 404:

1. Form 1120/1120S/1040/1065 tax return of the plan sponsor for the year(s) under examination.

INTERNAL REVENUE SERVICE**DEPARTMENT OF THE TREASURY**

2. Cancelled checks / fund transfers verifying contributions made to the plan and deductions taken on the tax return(s). Please reconcile the deduction taken on the return(s) to the contributions made to the plan.
- E. To demonstrate that the plan is in compliance with the nondiscriminatory requirements, contribution limitation and top heavy requirements of IRC §§ 401(a)(4), 415 and 416 respectively:**
1. Please provide an allocation schedule for the year under examination and the prior plan year for this plan and any other defined contribution plan. The schedule should include the participant's compensation, the allocation of the Employer contribution, forfeitures and income. Note: If other than gross compensation is used, please identify those elements included and excluded from compensation.
 2. Please provide the top heavy ratio calculation as defined in IRC § 416(g).
 3. Provide a list of the Highly Compensated Employees as defined in IRC § 414(q).
 4. Please demonstrate how the plan satisfies either a Safe Harbor (Income Tax Regulation § 1.401(a)(4)-2(b)) or the General Test (Income Tax Regulation § 1.401(a)(4)-2(c)).
 5. A complete copy of the Average Deferral Percentage (ADP) test (IRC § 401(k)) and the Actual Contribution Percentage (ACP) test (IRC § 401(m)). These tests should include:
 - a) all **eligible** employees,
 - b) whether the plan is using a **current** year or **prior** year testing method,
 - c) how the figures on the tests correspond to compensation and deferrals listed on the W-2's, and
 - d) how the compensation is nondiscriminatory per IRC § 414(s).
- F. The following items are being requested to examine the operation of the trust including determining the ownership, existence and fair market value of trust assets, and whether the provisions of IRC §§ 72, 401(a)(2), 513, 514 and 4975 are being complied with:**
1. Evidence of a fidelity bond for all people handling trust assets as required by ERISA section 412(a).
Supporting documents for all plan assets and liabilities, such as broker/bank statements, stock certificates, insurance contracts, loan documents, deeds, etc, and how assets are valued at fair market.
 2. Trustee's or administrator's reports; ledgers; journals; trustee committee, investment committee minutes; certified audit report, and other financial reports for the trust. Any other financial reports including receipt and disbursement statements, a detailed income statement and a detailed balance sheet.
- G. The following Certification Statements are being requested to ascertain the existence of related entities and leased employees, and whether the provisions of IRC § 414 are being complied with:**
1. Controlled Group and Affiliated Service Group Certification Statement
 2. Leased Employee Certification Statement

INTERNAL REVENUE SERVICE

DEPARTMENT OF THE TREASURY

**CONTROLLED GROUP AND AFFILIATED SERVICE
GROUP CERTIFICATION STATEMENT**

Please complete and return this document prior to our initial appointment. If there are no other entities under common control, please state "none" and return with the appropriate signature. Thank you.

Internal Revenue Code (IRC) sections 414(b), 414(c) and 414(m) require, in effect, that all "related" entities be treated as a single employer for plan testing purposes. These regulations were adopted to help ensure that all employees of related companies are treated fairly under the plan so that it may retain its tax-qualified status by passing non-discrimination tests.

Your company may be part of a Controlled Group if it is part of a parent-subsidiary situation where the parent owns 80% or more of the voting stock or value of stock of one or more entities or if it is part of a brother-sister group where two or more entities are owned by the same five or fewer individuals and the same five or fewer individuals own at least 80% of the voting stock or value of stock in the entities, and common ownership equals more than 50%.

Your company may be part of an Affiliated Service Group if it is part of a group of two or more organizations, primarily professional service organizations that operate in the health, law, engineering, architecture, accounting, actuarial science, performing arts, consulting or insurance fields, or if it is part of a group of organizations for which capital is not a material income producing factor.

This is a very broad overview of the definitions of Controlled Groups and Affiliated Service Groups. These definitions and related portions of the IRC are quite complex. Your company's specific situation should be reviewed carefully by your tax or plan attorney to determine if you have related companies that qualify as members of a Controlled Group or Affiliated Service Group (or are under "common control"), especially if officers or key employees in your company (or their family members) own or maintain stock in other companies, or if your company is related to any others in any capacity.

Because this issue is so important to ensure the qualified status of your plan, I ask that you attach a listing of ALL employers that qualify as part of a Controlled Group or Affiliated Service Group, provide the EIN, indicate whether or not they are "participating employers" in the plan and indicate how many employees are employed by the entity. After completing the attachment please sign at the bottom of this page where indicated. Again, if there are no other related entities, please indicate "none" below and sign and date as indicated.

Name of Plan Sponsor: _____ EIN: _____
 Check as appropriate: See Attached Listing: _____ None _____

The undersigned understands that this certification has important legal ramifications for the qualification of the plan. The sponsoring employer certifies that the attached organizations (if applicable) are part of the same Controlled Group or Affiliated Service Group and that all applicable provisions of IRC sections 414(b), 414(c) and 414(m) are being complied with.

Authorized signature of sponsoring employer: _____

Title: _____ Date: _____

INTERNAL REVENUE SERVICE

DEPARTMENT OF THE TREASURY

LEASED EMPLOYEE CERTIFICATION STATEMENT

Please complete and return this document prior to our initial appointment. If there are no leased employees, within the meaning of Internal Revenue Code (IRC) section 414(n), please state "none" and return with the appropriate signature. Thank you.

IRC section 414(n)(1) indicates that a leased employee is an individual who performs services for another person (the recipient) under an arrangement between the recipient and a third person (the leasing organization) who is otherwise treated as the individual's employer. The leased employee is treated as the recipient's employee if the following three requirements are met:

1. The services of the individual are provided pursuant to one or more agreements between the recipient and the leasing organization;
2. The individual has performed services for the recipient on a substantially full-time basis for a period of at least one (1) year; and
3. The individual's services are performed under the primary direction or control of the recipient.

Subject to certain exceptions, IRC section 414(n)(1)(A) indicates leased employees are treated as employees of the recipient for purposes of plan qualification requirements. This IRC section and related regulations were adopted to help ensure that all employees of companies are treated fairly under the plan so that it may retain its tax-qualified status by passing non-discrimination tests.

This is a very broad overview of the definition of Leased Employee. This definition and related portions of the IRC are quite complex. Your company's specific situation should be reviewed carefully by your tax or plan attorney to determine if you have leased employees who are required to be treated as your employees for plan qualification purposes.

Because this issue is so important to ensure the qualified status of your plan, I ask that you attach a listing of ALL leased employees that qualify as leased employees under the IRC. Please indicate the names of the individuals, a copy of the leasing agreement (if applicable) and indicate if they have met the requirements of items 1, 2 and 3 above. After completing the attachment please sign at the bottom of this page where indicated. Again, if there are no leased employees within the meaning of the IRC, please indicate "none" below and sign and date as indicated.

Name of Plan Sponsor: _____ EIN: _____
 Check as appropriate: See Attached Listing: _____ None _____

The undersigned understands that this certification has important legal ramifications for the qualification of the plan. The sponsoring employer certifies that the attached listing of leased employees is accurate and all applicable provisions of IRC section 414(n) are being complied with.

Authorized signature of sponsoring employer: _____

Title: _____ Date: _____

End

Form **2848**(Rev. January 2018)
Department of the Treasury
Internal Revenue Service**Power of Attorney
and Declaration of Representative**► Go to www.irs.gov/Form2848 for instructions and the latest information.

OMB No. 1545-0150

For IRS Use Only

Received by:

Name _____

Telephone _____

Function _____

Date / /

Part I Power of Attorney**Caution:** A separate Form 2848 must be completed for each taxpayer. Form 2848 will not be honored for any purpose other than representation before the IRS.**1 Taxpayer information.** Taxpayer must sign and date this form on page 2, line 7.

Taxpayer name and address RJM Capital LLC Redacted - PII	Taxpayer identification number(s) 26-0566132	
	Daytime telephone number Redacted - PII	Plan number (if applicable) 001

hereby appoints the following representative(s) as attorney(s)-in-fact:

2 Representative(s) must sign and date this form on page 2, Part II.

Name and address Amy A. Null, Esq., WilmerHale 60 State Street Boston, MA 02109	CAF No. _____ PTIN _____ Telephone No. 617 526 6541 Fax No. 617 526 5000	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/> Redacted - PII
Check if to be sent copies of notices and communications <input checked="" type="checkbox"/>		
Name and address Matthew D. Schnall, Esq., WilmerHale 60 State Street Boston, MA 02109	CAF No. _____ PTIN _____ Telephone No. 617 526 6892 Fax No. 617 526 5000	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/> Redacted - PII
Check if to be sent copies of notices and communications <input checked="" type="checkbox"/>		
Name and address	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
(Note: IRS sends notices and communications to only two representatives.)		
Name and address	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
(Note: IRS sends notices and communications to only two representatives.)		

to represent the taxpayer before the Internal Revenue Service and perform the following acts:

3 Acts authorized (you are required to complete this line 3). With the exception of the acts described in line 5b, I authorize my representative(s) to receive and inspect my confidential tax information and to perform acts that I can perform with respect to the tax matters described below. For example, my representative(s) shall have the authority to sign any agreements, consents, or similar documents (see instructions for line 5a for authorizing a representative to sign a return).

Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, Sec. 5000A Shared Responsibility Payment, Sec. 4980H Shared Responsibility Payment, etc.) (see instructions)	Tax Form Number (1040, 941, 720, etc.) (if applicable)	Year(s) or Period(s) (if applicable) (see instructions)
Retirement Plan	5500 - EZ	2016

4 Specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for **Line 4. Specific Use Not Recorded on CAF**. ► **5a Additional acts authorized.** In addition to the acts listed on line 3 above, I authorize my representative(s) to perform the following acts (see instructions for line 5a for more information): Access my IRS records via an Intermediate Service Provider; Authorize disclosure to third parties; Substitute or add representative(s); Sign a return; _____ Other acts authorized: _____

- b Specific acts not authorized.** My representative(s) is (are) not authorized to endorse or otherwise negotiate any check (including directing or accepting payment by any means, electronic or otherwise, into an account owned or controlled by the representative(s) or any firm or other entity with whom the representative(s) is (are) associated) issued by the government in respect of a federal tax liability.
List any other specific deletions to the acts otherwise authorized in this power of attorney (see instructions for line 5b): _____
- 6 Retention/revocation of prior power(s) of attorney.** The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same matters and years or periods covered by this document. If you **do not** want to revoke a prior power of attorney, check here ▶
- YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.**
- 7 Signature of taxpayer.** If a tax matter concerns a year in which a joint return was filed, each spouse must file a separate power of attorney even if they are appointing the same representative(s). If signed by a corporate officer, partner, guardian, tax matters partner, partnership representative, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the legal authority to execute this form on behalf of the taxpayer.

► IF NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THIS POWER OF ATTORNEY TO THE TAXPAYER.

Signature

4/30/18

Date

Member

Title (if applicable)

Richard J. Markowitz

RJM Capital LLC.

Print Name

Print name of taxpayer from line 1 if other than individual

Part II Declaration of Representative

Under penalties of perjury, by my signature below I declare that:

- I am not currently suspended or disbarred from practice, or ineligible for practice, before the Internal Revenue Service;
- I am subject to regulations contained in Circular 230 (31 CFR, Subtitle A, Part 10), as amended, governing practice before the Internal Revenue Service;
- I am authorized to represent the taxpayer identified in Part I for the matter(s) specified there; and
- I am one of the following:
 - a Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - b Certified Public Accountant—a holder of an active license to practice as a certified public accountant in the jurisdiction shown below.
 - c Enrolled Agent—enrolled as an agent by the Internal Revenue Service per the requirements of Circular 230.
 - d Officer—a bona fide officer of the taxpayer organization.
 - e Full-Time Employee—a full-time employee of the taxpayer.
 - f Family Member—a member of the taxpayer's immediate family (spouse, parent, child, grandparent, grandchild, step-parent, step-child, brother, or sister).
 - g Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Internal Revenue Service is limited by section 10.3(d) of Circular 230).
 - h Unenrolled Return Preparer—Authority to practice before the IRS is limited. An unenrolled return preparer may represent, provided the preparer (1) prepared and signed the return or claim for refund (or prepared if there is no signature space on the form); (2) was eligible to sign the return or claim for refund; (3) has a valid PTIN; and (4) possesses the required Annual Filing Season Program Record of Completion(s). See **Special Rules and Requirements for Unenrolled Return Preparers in the instructions for additional information.**
 - k Qualifying Student—receives permission to represent taxpayers before the IRS by virtue of his/her status as a law, business, or accounting student working in an LTC or STCP. See instructions for Part II for additional information and requirements.
 - r Enrolled Retirement Plan Agent—enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).

► IF THIS DECLARATION OF REPRESENTATIVE IS NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THE POWER OF ATTORNEY. REPRESENTATIVES MUST SIGN IN THE ORDER LISTED IN PART I, LINE 2.

Note: For designations d-f, enter your title, position, or relationship to the taxpayer in the "Licensing jurisdiction" column.

Designation— Insert above letter (a–r).	Licensing jurisdiction (State) or other licensing authority (if applicable).	Bar, license, certification, registration, or enrollment number (if applicable).	Signature	Date
a	MA	Redacted - PII		5/8/18
a	MA	Redacted - PII		5/8/18

RJM Capital LLC Pension Plan
Submission 5/8/18

RJM CAPITAL LLC PENSION PLAN

RESPONSE TO EXAMINATION REQUEST DATED 03/21/2018

Request #A1

The plan and trust documents in effect for the year under examination, and all amendments made since the most recent favorable determination letter was issued.

Response

Please see the documents in folder A1 in the accompanying electronic media, which include the 2016 restatement of the plan, two subsequent amendments, and the plan's trust document, dated February 1, 2013.

The plan as originally adopted in 2013 was named The RJM Capital Pension Plan (the "Plan") and its books and records are kept under that name. In 2016, the Plan was restated on a document that inadvertently titled the Plan "The RJM Capital LLC Solo 401k Plan". Two amendments made in 2017 also misidentified the Plan as The RJM Capital LLC Solo 401(k) Plan. The Plan's trust is named RJM Capital Pension Plan Trust.

Request #A2

The most recent IRS determination letter that applies to the year(s) under examination, the related Forms 5300 and 5309 and any special demonstrations submitted with your determination letter applications. If the plan has no IRS determination letter, provide the plan document for the year under exam and all prior and subsequent documents and amendments to ensure the plan is qualified in form.

Response

The Plan does not have a determination letter but relies on the Broad Financial LLC volume submitter opinion letter, included in the response to Request #A3 below. As to the remaining requests, please see the documents in folder A2 in the accompanying electronic media, which include the original Plan document adopted in 2013 and amendments that preceded the 2016 restatement that is described in response to Request #A1.

Request #A3

If you are using a prototype plan, a copy of the IRS opinion letter issued to the sponsor of the prototype plan, the plan document and adoption agreement.

Response

Please see the documents in folder A3 in the accompanying electronic media.

Request #44

Form 5500, Annual Return/Report of Employee Benefit Plan, for each year under examination, the preceding year and succeeding year. Please be sure to include all schedules filed, including Schedule E, ESOP Annual Information.

Response

Please see the 2016 and 2015 Forms 5500-EZ in folder A4 in the accompanying electronic media. The Plan has not yet filed Form 5500-EZ for 2017.

In preparing the response for this request, Richard Markowitz (the sole member of RJM Capital LLC) discovered two errors in the 2015 Form 5500-EZ. First, the form incorrectly reported a contribution to the Plan of \$1,000, where no contribution had been made (Mr. Markowitz had made a contribution in that amount to a different plan during 2015). Second, the reported figure for end-of-year assets was incorrect. The reported figure reflected an incorrect application of the valuation methodology described in the response to Request #F1, below.

Redacted - Relevance

Redacted - Relevance

The Plan is amending its 2015 Form 5500-EZ to correct those errors. An amended form, which will be filed shortly, is included in folder A4. The end-of-year assets reported on the amended 2015 Form 5500-EZ now match the beginning-of-year assets reported on the 2016 Form 5500-EZ, as filed.

Request #45

Forms 5500, Annual Return/Report of Employee Benefit Plan, for other qualified retirement plans the employer sponsored during year under examination.

Response

RJM Capital LLC (the “Employer”) did not sponsor other qualified retirement plans during 2016.

Request #46

The summary plan description (SPD), summaries of all material modifications (SMM), and summary annual reports (SAR).

Response

The Plan is maintained as a Keogh plan that is not subject to the reporting requirements of ERISA. Mr. Markowitz is the sole participant in the Plan, in his capacity as a self-employed individual treated as an employee under Code section 401(c)(1). The Plan did not have a SPD, SMM, or SAR for 2016.

Request #B1

The employer's payroll records that were used to decide employees' eligibility to take part in the plan for the year(s) under examination, such as time cards, personnel records, and employment contracts. Also include a copy of the Forms 940, Employer's Annual Federal Unemployment Tax Return; 941, Employer's Quarterly Federal Tax Return; W-2s, Wage and Tax Statement and related W-3.

Response

The Employer had no employees for 2016.

Request #B2

Participant allocation schedules, employee census reports and participant account statements.

Response

The Employer had no employees and the Plan had no contributions in 2016.

Request #B3

A list of all plan participants for the end of the plan year(s) under examination, as well as a list of all employees employed during the year who are not participating in plan and reason why they are not.

Response

Mr. Markowitz was the only Plan participant in 2016. An account was maintained for his benefit, but no contributions were made. There were no other employees of the Employer in 2016.

Request #B4

A demonstration showing how the plan satisfied minimum coverage requirements of IRC § 410(b).

Response

The Plan automatically passed coverage requirements as all employees (including Mr. Markowitz, as a self-employed individual treated as an employee under Code section 401(c)(1)) were eligible.

Request #C1

Please provide a list of the plan participants who were active participants (received an allocation) in the prior year but were not active in the year under examination.

Response

There were no such participants with respect to the Plan.

Request #C2

For benefits that were paid to plan participants:

- a) *Please provide a list of these participants, their dates of hire, dates of birth and dates of termination,*
- b) *proof of payment and/or proof of rollover,*
- c) *spousal consent forms to waive the Qualified Joint & Survivor form of benefit if required,*
- d) *any Qualified Domestic Relations Order (QDRO) requests received or QDRO distributions made for the plan year under examination.*

Response

The Plan did not pay benefits for 2016.

Request #C3

The trust's or employer's Form 1099R's, "Distributions from Pensions, Annuities, Retirement or Profit-Sharing Plans, IRA's, Insurance Contracts, etc."

Response

No Forms 1099-R were filed with respect to the Plan for 2016.

Request #D1

Form 1120/1120S/1040/1065 tax return of the plan sponsor for the year(s) under examination.

Response

Because no contributions were made to the Plan for 2016, no deduction has been claimed with respect to Plan contributions for 2016.

Request #D2

Cancelled checks / fund transfers verifying contributions made to the plan and deductions taken on the tax return(s). Please reconcile the deduction taken on the return(s) to the contributions made to the plan.

Response

There were no contributions to the Plan in 2016 and no deductions claimed under Code section 404 with respect to the Plan in 2016. The Plan did accept a plan-to-plan transfer in the amount of \$185,000 from The Routt Capital LLC Solo 401K Plan, a plan in which Mr. Markowitz participated. Bank records evidencing the transfer are included in folder D2 of the accompanying electronic media.

Request #E1

Please provide an allocation schedule for the year under examination and the prior plan year for this plan and any other defined contribution plan. The schedule should include the participant's compensation, the allocation of the Employer contribution, forfeitures and income. Note: If other than gross compensation is used, please identify those elements included and excluded from compensation.

Response

There were no contributions to the Plan in 2015 or 2016.

Request #E2

Please provide the top heavy ratio calculation as defined in IRC § 416(g).

Response

The Plan has no non-key employees and therefore satisfies the top-heavy requirements of Code section 416.

Request #E3

Provide a list of the Highly Compensated Employees as defined in IRC § 414(q).

Response

Mr. Markowitz is the sole participant in the Plan as a self-employed individual.

Request #E4

Please demonstrate how the plan satisfies either a Safe Harbor (Income Tax Regulation § 1.401(a)(4)-2(b)) or the General Test (Income Tax Regulation § 1.401 (a)(4)-2(c)).

Response

No contributions were made to the Plan in 2016.

Request #E5

A complete copy of the Average Deferral Percentage (ADP) test (IRC § 401(k)) and the Actual Contribution Percentage (ACP) test (IRC § 401(m)). These tests should include:

- a) *all eligible employees,*
- b) *whether the plan is using a current year or prior year testing method,*
- c) *how the figures on the tests correspond to compensation and deferrals listed on the W-2's, and*
- d) *how the compensation is nondiscriminatory per IRC § 414(s).*

Response

No contributions were made to the Plan in 2016.

Request #F1

Evidence of a fidelity bond for all people handling trust assets as required by ERISA section 412(a). Supporting documents for all plan assets and liabilities, such as broker/bank statements, stock certificates, insurance contracts, loan documents, deeds, etc, and how assets are valued at fair market.

Response

The Plan is exempt from ERISA's bonding requirements. As to the remaining requests, please see the documents in folder F1 in the accompanying electronic media.

Direct investments made by the Plan are valued based on the values reported to the Plan by the respective custodians of those investments. Redacted - Relevance

Redacted - Relevance

Request #F2

Trustee's or administrator's reports; ledgers; journals; trustee committee, investment committee minutes; certified audit report, and other financial reports for the trust. Any other financial reports including receipt and disbursement statements, a detailed income statement and a detailed balance sheet.

Response

Please see the documents in folder F2 in the accompanying electronic media.

Request #G1

Controlled Group and Affiliated Service Group Certification Statement

Response

Please see folder G1 in the accompanying electronic media.

Request #G2

Leased Employee Certification Statement

Response

The Employer does not utilize leased employees. Please see folder G2 in the accompanying electronic media.



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billing Markowitz, Richard. Grand
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